



Referral Form

Eligibility Requirements:

- Between 16 and 30 years old
- Presently in a stable position with regards to mental wellness and/or substance misuse
- Adult mentor support system in place, e.g. guardian / counsellor / facilitator / teacher
- Open and respectful of different world views, ideas, lifestyles and people

Pre-screening interviews may be conducted with potential participants in the weeks before each program

Referral Information:

Date of Referral: _____ Referral Source: _____
 Contact Number: (____) _____ Contact Email: _____

Reason for Referral:

Participant Information:

First Name: _____ Last Name: _____ Gender: _____ Age: _____
 Address: _____
 Phone: (____) _____ Cell: (____) _____ Email: _____
 School (If applicable): _____ Indigenous Ancestry (Specify)*: _____

Indigenous ancestry is determined on a voluntary basis through self-identification. This includes First Nations (status or non-status), Métis or Inuit ancestry. **No documentation other than self-identification is required and the ancestry can go back several generations.*

Strengths (ie. works well with others, experience in art/film, positive attitude):

Challenges (ie. mental health, substance misuse, housing, unemployment, food security):

Level of Commitment Comments – include level between 1 (uncommitted) & 10 (fully-committed)

Other Comments:

Please email referral form to amanda@froghollow.bc.ca

If you have any questions, please feel free to contact Amanda Rose Schellenberg at (250) 878 - 2405.